3. It is produced by a paralysis of the inhibitory cortical heat centres; it may also be caused by an excitement of the thermogenetic centres.

4. It may present itself in young, marriageable and chaste women; in adults, the married and widows. According to Salomone-Marino it is more intense and obstinate in women who lead immoral lives. It may appear during pregnancy; it does not disturb pregnancy, neither does it influence the health of the fœtus. Males are also possibly subject to it.

5. It generally follows other hysteric symptoms of the diathesis, yet it may be an initial symptom.

6. It always accompanies other phenomena of hysteria, which may aggravate during the period of the highest temperature.

7. It may assume the quotidian or tertian intermittent type and the remittent or subcontinuous type; in the second case assuming the meningitic typhoid type.

8. It is accompanied by the ordinary symptoms of fever. It may rise to a high degree, and during the apyrexia descend to 35° C.

9. The same patient may present, successively, various modalities of symptoms, and, in its course, the fever may undergo notable interruptions of several days, and even months.

10. No general or visceral lesion is ever to be found. Nutrition remains good; but the mental condition of the patient may be disturbed.

11. It is refractory to all the antithermic remedies and to the salts of quinine; but it may yield to antihysteric treatment (Gazzetta degli ospitali, No. 91, 1891).

F. H. P.

A CASE OF WORD-BLINDNESS WITH AGRAPHIA.

There is an ever-accumulating mass of evidence to show that word-blindness may be produced by lesions lying in the region of the inferior parietal lobule or extending posteriorly into the angular gyrus and occipital lobe.

M. Serieux lately communicated an interesting case of word-blindness with a agraphia, to the Society of Biology, in which the only lesion that could explain the loss of the mental vision of graphic signs and the inability to write was a focus of softening which destroyed the inferior parietal lobule and the angular gyrus of the left hemisphere. The patient was a woman, aged seventy-three years, of fair education, without paralysis, and with intelligence still intact. The vision appeared to be good. There was no hæmianopsia, but the patient could not read; she could scarcely recognize a letter, much less make out a sentence. Although the movements of the right hand were perfect and she could manage the pen well, she could not write a word legibly. Writing under dictation, as well as writing from copy, were quite as difficult. The agraphia then was total. There was neither motor aphasia nor word-deafness. The patient died of ventricular hemorrhage. "This case," said the reporter, "seems to be a typical one; for the localization of word-blindness, as the only cerebral lesion to which the alexia could be referred, had destroyed the inferior parietal lobule in its entirety; but it is especially instructive from the point of view of the physiological pathology of the troubles of writing.

We are familiar with the conception of agraphia as it has been taught by Exner, Charcot, Pitres, and Ballet. There exists an autonomous motor centre, situated at the foot of the second frontal convolution, where are stored the graphic motor images whose sum constitutes the memory of the very complex muscular synergies which preside over the movements of the hand and forearm in the act of writing."

By the side of this form of agraphia in which the graphic-motor element plays a predominant rôle, should be placed agraphia consecutive to motor aphasia (Trousseau), and agraphia by sensorial lesion. To the latter group our case belongs. The mechanism of the loss of the faculty of writing is, in the latter class of cases, different, and is wholly independent of any alterations in the motor regions. These facts should be interpreted in the following way: Written language, being above all a copy of the optical images of letters and of words, disappears with the loss of the visual images verbal and literal. The sensorial element is here paramount, and the agraphia, instead of being defined *agraphic motor amnesia*, is simply *agraphic visual amnesia*.

We may, then, admit the possibility of the loss of the power of writing without any lesion of the frontal lobe, and consecutive to disappearance of the optical verbal images.

M. Déjérine, in discussing the subject, said, that the case of M. Seriaux was exactly like one which he published last year (Semaine Médicale, 1891, p. 112). It was a case of word-blindness with total agraphia, resulting from a lesion exactly localized in the angular gyrus.

Déjérine does not believe that it is an established fact that there is a special centre for the movements of writing in the second frontal convolution on the left side. The act of writing may be reduced by analysis to a copy of the optical images of letters and of words, and there is no proof that this act depends on a special and autonomous centre which plays for written language the same part as Broca's convolution for spoken language.

As the faculty of writing is subordinated to the faculty of reading mentally, and is nothing but the copying of our images of the optical memories of letters, we may always expect to see agraphia appear under the following two principal conditions: 1. When the centre of the optical memory of letters is destroyed. 2. When the connection of this same centre with Broca's convolution or with the motor zone of the superior member are interrupted.

Luys, at the same meeting, said that it seems well demonstrated to-day that the faculty of speaking is independent of that of writing. It is not rare to observe the dissociation of these two faculties in certain insane persons who are not delirious when they speak, and are delirious when they write. The inverse may also be witnessed. This proves clearly that the faculty of writing does not consist merely in the power of assembling letters, but in the psychical elaboration of words, of phrases, etc., of which writing is but the expression (La Médicine Moderne, January 24, 1892). F. H. P.

REMOVAL OF THE TUBES AND OVARIES.

The results of a thorough investigation of this subject by Wharton Sinkler, M.D., may be summed up as follows: The remote effects are, as a rule, to improve nutrition and better the strength, especially if the operation has been done for diseased ovaries or pus-tubes. Excessive gain of flesh is rare, and change of voice, growth of hair upon the face, and loss of feminine characteristics do not occur. The sexual appetite is seldom changed within two or three years, but after this time it becomes lessened. It is often the case that after this operation patients are more nervous than formerly, and various mental disturbances, insanity and epilepsy not infrequently follow. The influence of the operation is some-